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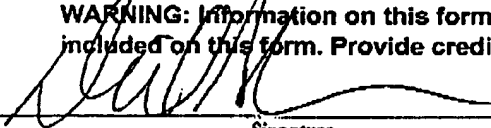



To: Examiner Mark A. Williams, Art Unit 3676  
Of: U.S. Patent and Trademark Office  
From: Rosenbaum & Associates, P.C.  
Client/Matter: 6056-001  
Date: Friday, April 8, 2005

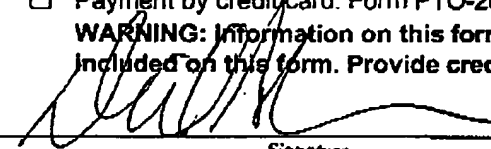
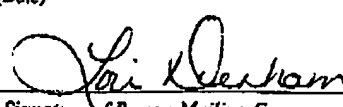
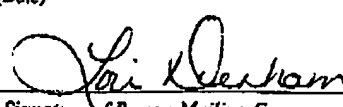
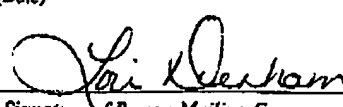
DOCUMENTS	NUMBER OF PAGES*
Transmittal document	1
Amendment Transmittal (1 page in duplicate)	2
Amendment	8
Petition for One Month Extension of Time (1 page in duplicate)	2
TOTAL	13

COMMENTS: In Re: U.S. Serial No. 10/754,021  
Applicant: David Roberts  
Attorney Docket No. 6056-001

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TELEPHONE (847) 770-6000 • FACSIMILE (847) 770-6006

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>6056-001</b>									
Applicant(s): <b>David Roberts</b>													
Application No. <b>10/754,021</b>	Filing Date <b>1/8/04</b>	Examiner <b>Mark A. Williams</b>	Customer No. <b>29,335</b>	Group Art Unit <b>3676</b>	Confirmation No. <b>7140</b>								
Invention: <b>A UTILITY HANDLE PROVIDING ENHANCED GRIP AND COMFORT</b>													
<u>COMMISSIONER FOR PATENTS:</u>													
Transmitted herewith is an amendment in the above-identified application.													
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27													
The fee has been calculated and is transmitted as shown below.													
<b>CLAIMS AS AMENDED</b>													
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE								
TOTAL CLAIMS	15 -	20 =	0	x \$25.00	\$0.00								
INDEP. CLAIMS	2 -	3 =	0	x \$100.00	\$0.00								
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00								
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>								
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>18-2000</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.													
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>													
 Signature			Dated: <b>April 8, 2005</b> <i>Cert. of Facsimile</i>										
<b>David G. Rosenbaum (Reg. No. 31,872)</b> <b>ROSENBAUM &amp; ASSOCIATES, P.C.</b> <b>650 Dundee Road</b> <b>Suite #380</b> <b>Northbrook, IL 60062</b> <b>Tel. (847) 770-6000</b> <b>Fax (847) 770-6006</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage so first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <b>April 8, 2005</b> to (703) 872-9304.</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">             Signature of Person Mailing Correspondence         </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <b>Lori Dunham</b>            Typed or Printed Name of Person Mailing Correspondence         </td> </tr> </table>			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage so first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <b>April 8, 2005</b> to (703) 872-9304.		(Date)		 Signature of Person Mailing Correspondence		<b>Lori Dunham</b> Typed or Printed Name of Person Mailing Correspondence	
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00							
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>							
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